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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

1.00

State	
District	
County	

DUE
DATES

1

2002

No

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 29 McCone 0547 Circle Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 1 1984 No Taylor, Heidi 1.50 Walton, Stephen 1 1986 Yes 4.50 1987 No Walton, Patrick 9.75 1 1993 Larson, Lynae No 1.00 1 1995 Wilson, Jana M 1 No 0.65 1 1996 No Wright, Jay S 2.50 1997 Nagel, Gregory 1 No 0.50 1998 Kasten, Diane 3.00 1 No 1999 Larson, Rajeana 1 No 1.50 Skyberg, Barbara 1 2000 No 1.75 1 2001 No Yarger, Floyd 5.00

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Gebhardt, Paul

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 29 McCone 0548 Circle H S **High School** Contract District Daily # of Days Transported # # Shared Family's Name Rate 1 1950 No Smith, Heather & Roger 6.50 Ferguson, Bruce 1 1983 No 22.50 1985 No Walton, Edmund 9.38 1 1986 Walton, Stephen Yes 4.50 1 1989 Boyson, Dave 1 No 3.50 1 1990 No Garfield, Mary 5.75 1991 1 No Logan, Sonja 1.00 1 1992 No Morlock, Connie 0.40

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 29 McCone 0566 Vida Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 134 1949 No Smith, Heather & Roger 3.25 134 1988 No Vine, Shannon 6.75

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